

Minor Guardianship Questionnaire

This questionnaire should be filled out by the Proposed Guardian. You will be contacted by the child's Guardian ad Litem.

Name of child:

/D.O.B. ____/____/____

► Does child have brothers and/or sisters? ☐ Yes ☐ No

► If yes, please complete the following:

Name	Address	Caretaker

Name of child's mother:

Address:

Over 18? ☐ Yes ☐ No

Birthdate:

Telephone number:

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIP

()

Name of child's father

Address:

Over 18? ☐ Yes ☐ No

Birthdate:

Telephone number:

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIP

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► Are/were parents married? ☐ Yes ☐ No ☐ Unknown

► Has there been a Paternity ruling regarding the father? ☐ Yes ☐ No ☐ Unknown

► Has the father been ordered to pay child support? ☐ Yes ☐ No ☐ Unknown

Proposed Guardian

Name of proposed guardian:

/D.O.B. ____/____/____

Address:

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIP

Length of residence at above address:

_____ yrs. _____ months

If less than 2 years, list
previous address:

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIP

Telephone number:

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Relationship of petitioner to
child(ren); i.e. grandparent, aunt,
etc ...

Employment Information

Prop. Guardian's Employer:

Address:

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIP

Job Title/Description:

Annual Compensation:

\$

Telephone number:

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If married, name of spouse:	/D.O.B. ____/____/____		
Date of marriage:			
Employer:			
Address:			
	STREET ADDRESS		SUITE
	CITY	STATE	ZIP
Job Title/Description:			
Annual Compensation:	\$		
Telephone number:	()		

Insurance

- Do you have health insurance available that will cover the child? ☐ Yes ☐ No
- If yes, please identify health insurance company: _____

Residence

☐ House ☐ Duplex ☐ Apartment ☐ Other (describe) _____

Number of bedrooms _____

- Will this child have a separate bedroom? ☐ Yes ☐ No; s/he will share with: _____
- _____

- List everyone who stays at your address other than yourself and spouse, if any:

Name	D.O.B.	Relationship to you
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

List Petitioner's children:

Name	D. O. B.	Relationship to you

Criminal Record

- Have you or any member of your household ever been convicted of a non-traffic criminal offense or an alcohol or drug-related traffic offense?

☐ Yes ☐ No

- If yes, please complete the following:

Name	D. O. B.	Relationship to you

- Have you or any member of your household been involved with the Child Protection System in Milwaukee County or any other county?

☐ Yes ☐ No

- If yes, please explain: _____

School / Day Care

- What school or day care will the child attend, if any?

Name of Facility	Address
Contact Person	Telephone Number

Background Information

- Please describe your contacts with the child, including whether the child has ever lived in your home previously, the extent of your contacts with him/her, and the extent of the child's contacts with other members of your household, if any:

- Please state, in detail, the reasons that the child's mother and/or father are unfit to serve as the child's legal guardian:

- Please state, in detail, why you believe that your obtaining guardianship is in the best interest of the child, including the reasons why guardianship is appropriate and why you are the best person to be the guardian:

- Does the child have on-going contact with the mother? ☐ Yes ☐ No

- Does the child have on-going contact with the father? ☐ Yes ☐ No

- Please describe the contact your child would have with his/her parents if guardianship is granted to you, including how such contacts will be scheduled, their frequency and duration:

- Do you understand that the guardianship will last until the child's 18th birthday? ☐ Yes ☐ No

- Have you considered that this child's legal, medical, education and monetary needs will be your responsibility until this child reaches age 18?

☐ Yes ☐ No